|  |  |
| --- | --- |
| **Name of Organisation** |  |
| **Name of Person Applying** |  |
| **Role in Organisation** |  |
| **House Number/Name****Street Name****Town****City****Postcode** |  |
| **Contact Email** |  |
| **Contact Telephone Number** |  |
| **About your organisation (max 200 words)****About your project and how it will benefit Patchway. (Max 200 words)** |  |
| **How many people will benefit in Patchway?** |  |
| **How will you track the progress of this project?** |  |
| **Will this project be open to people outside of Patchway?** |  |
| **Total Cost of Project** |  |
| **Amount Requested from Patchway Town Council.** |  |
| **Please state other funding you have raised for this project and who the funders are.** |  |
| **Bank Details****Account Name:****Account Number:****Sort Code:** |  |
| **Attached latest bank statement?** |  |
| **Attached end of year accounts?** |  |

**I certify that the above information is correct to the best of my knowledge and agree to the conditions laid down by Patchway Town Council in the grant awarding policy.**

**Signed Date**

**Print Name**

**Please return the completed form to: Patchway Town Council, Callicroft House, Rodway Road, Patchway, Bristol BS34 5DQ or email office@patchwaytowncouncil.gov.uk.**